DECLARATION OF JASON FLECK

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

MAXWELL KADEL, *et al.*, *Plaintiffs*, v. DALE FOLWELL, in his official capacity as State Treasurer of North Carolina, *et al.*, *Defendants*.	No. 1:19-cv-00272-LCB-LPA **DECLARATION OF JASON FLECK**

Pursuant to 28 U.S.C.§ 1746, I hereby declare as follows:

1. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am the father of Plaintiff Connor Thonen-Fleck, a 19-year-old transgender man. I am an employee of the University of North Carolina, Greensboro ("UNCG"), and Connor receives health coverage as my dependent. I live in High Point, North Carolina.

3. I have been employed by UNCG since 1997 and currently work as Associate Director for Technology and Operations.

4. As a North Carolina state employee, I am enrolled for health coverage through the North Carolina State Health Plan. As my dependent, Connor is also enrolled in health coverage through NCSHP.

5. Connor has long excelled academically and is a college sophomore. In addition to his rigorous academic responsibilities, Connor also works at a veterinary clinic.

Connor is passionate about veterinary medicine and plans to pursue a career in the veterinary field.

6. Looking back now, I can see that Connor struggled with gender dysphoria since his childhood. But before we understood that he was transgender and began seeking treatment under the prevailing standards of care, Connor was in serious and consistently increasing distress. His symptoms of depression and distress became more pronounced around his freshman year of high school. I remember that he was sleeping excessively, was very unhappy, and was isolating himself from others.

7. When Connor first came out to me and explained that he is transgender, I told him that he was my child, and as long as he was happy and healthy, that was all that was important to me.

8. The lack of access to coverage through the state health plan has been a serious barrier at different points to helping Connor be happy and healthy, and has imposed significant stress on our family.

9. In January of 2018, Connor began hormone therapy as part of treatment for his gender dysphoria. He became a totally different person. His mood brightened. He started interacting with friends and being more social. He started thriving. The change was drastic. Before he began this treatment, we were deeply worried about Connor's suicidal ideation. But after he was on hormone therapy for a few months, he had improved so much that we no longer had that concern. In retrospect, it has become clear to me that treatment for gender dysphoria was what Connor needed all along.

10. But trying to access coverage for this care was stressful. In 2018, Connor and I were enrolled in the 80/20 Health Plan offered through NCSHP. The exclusion for gender-affirming care had been reinstated by that point and touched off an ongoing struggle to get Connor's urgently-needed medical care covered. We had difficulty getting coverage for Connor's required office visits to his endocrinologist, who prescribes and monitors Connor's masculinizing hormone therapy. Where coverage has been denied, Connor and I have been left with full financial responsibility for the cost of the care.

11. On April 9, 2018, CVS issued a Notice of Determination denying prior authorization for coverage of Connor's testosterone prescription. The Notice of Determination explained that the diagnosis code submitted, F64.0 "Transsexualism," was not a covered diagnosis code for prescription testosterone under the plan. The Notice of Determination further explained that the prescription would be covered for males with "primary or hypogonadotropic hypogonadism," but not for Connor. No other exclusion in the health plan was cited as a basis for the denial of coverage. A true and correct copy of the Notice of Determination is attached as Exhibit A.

12. We appealed the denial of coverage and were issued a Notice of Final Adverse Benefit Determination dated November 8, 2018. A true and correct copy is attached as Exhibit B. The sole basis provided for denial of the coverage is the exclusion of care for gender dysphoria. *See* Exhibit B at 2 (citing in relevant part exclusion for "Treatment or studies to or in connection with sex changes or modifications and related care"). No other exclusion was referenced to deny the coverage.

13. We also struggled to cover the cost of Connor's chest reconstruction surgery. Despite the benefit he experienced from hormone therapy, it was clear that being a teenage boy without a typically male chest was very painful for him. As part of treatment for the gender dysphoria he was experiencing relating to his chest, Connor's health care providers recommended surgery that would give Connor a more typical male chest. Based on medical advice, I understand this surgery to have been medically necessary, including to bring Connor's body into better alignment with his gender identity and lived experience and further reduce his gender dysphoria.

14. But without any coverage under our health plan, we could not afford the care when Connor was ready for it, and he had to suffer through delay while we saved money and he worked a job to help contribute to the cost of the surgery. Watching your child suffer without needed care and have to shoulder the burden of earning money as a 16-year-old to pay for basic, essential medical treatment, is an awful feeling.

15. After we saved enough money, Connor was finally able to undergo surgery on May 28, 2019. The further relief this provided him from his gender dysphoria allowed him the basic sense of well-being to be able to thrive again.

16. The process of obtaining this care for Connor has been thoughtful and deliberative. Both Connor's mother and I were involved in working with a team of medical professionals who helped us understand why Connor was suffering without treatment for gender dysphoria, the risks and benefits of treatment, and the standard of care for treating gender dysphoria in adolescents. The process was also a careful one on the provider side,

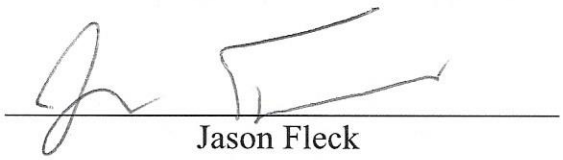
since the treatment requires multiple steps to help ensure that it is medically necessary and indicated for the adolescent. While the process was not easy, the life-changing effect it has had for Connor is unmistakable. After he started undergoing treatment, I finally felt like I had my kid back.

17. As a North Carolina state employee, I am enrolled in the NCSHP and receive health care benefits from this plan as part of my compensation. As a dependent of mine, Connor also is enrolled in the NCSHP. I contribute $305.00 each month via a payroll deduction for family coverage under the 80/20 Health Plan. Even though I receive inferior coverage because of the exclusion for gender-affirming care, I pay the same amount for this family coverage as my colleagues do.

* * *

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: November 11, 2021



Jason Fleck

CERTIFICATE OF SERVICE

I certify that the foregoing document was filed electronically with the Clerk of Court using the CM/ECF system which will send notification of such filing to all registered users.

Dated: November 30, 2021

/s/ Amy E. Richardson
Amy E. Richardson
N.C. State Bar No. 28768
HARRIS, WILTSHIRE & GRANNIS LLP
1033 Wade Avenue, Suite 100
Raleigh, NC 27605-1155
Telephone: 919-429-7386
Facsimile: 202-730-1301
arichardson@hwglaw.com

Counsel for Plaintiffs

G.S. § 10B-41 NOTARIAL CERTIFICATE FOR ACKNOWLEDGMENT

Guilford County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Jason Fleck.

Name(s) of principal(s)

Date: 11/11/21

(Official Seal)

DONNA S. HUFF NOTARY PUBLIC ALAMANCE COUNTY, NC

Official Signature of Notary

Donna S. Huff, Notary Public

Notary's printed or typed name

My commission expires: June 6, 2026

Exhibit A

CVS caremark

Fax Transmittal

To: DOCTOR

From: CVS Caremark® Prior Authorization

Electronically (ePA) (4 to 5 **minutes** process time)	Phone (10 to 15 **minutes** process time)	Fax (24 to 72 **hours** process time)
ePA is CVS Caremark's preferred method for receiving prior authorizations and now accepts PA requests online 24/7. **Easier:** Reduce the need for paper forms, faxes, and phone calls **More Convenient:** Centrally manage ePAs and more easily view their status **Faster:** Generally receive faster determinations so patients can fill their medication sooner **Visit http://info.caremark.com/ePA to learn more and get started today.**	Calling us with your PA request during our business hours is another option. **See next page for the specific phone number.** The process over the phone can take between 10 and 15 minutes. OR see ePA option	You may also continue to fax us your PA request. **See next page for specific fax number.** Faxes received are processed within 24 to 72 hours. OR see ePA option

If this fax is in response to an inquiry about clinical criteria for coverage of a prescription drug for your patient, the criteria for the specific drug is attached.
Please note that your inquiry does not constitute a request for coverage. CVS Caremark cannot process a request for coverage until we receive a completed criteria form or appropriate clinical information.

91-41319A 062917

CVS caremark

State Health Plan

Notice of Determination

Date: 04/09/2018

MARIONELIZABETH WALSH
1 MEDICAL CENTER BLVD FL 1ST
WINSTON SALEM, NC 27103

Plan Member Name: CONNOR THONEN FLECK
Plan Member ID: *******[redacted]
Plan Name: North Carolina State Health Plan 0274 Non-Grandfathered

Prescriber Name: MARIONELIZABETH WALSH
Prescriber Phone: 1-3367164500
Prescriber Fax: 1-336-713-4501

Dear CONNOR THONEN FLECK:

CVS Caremark® received a request from your provider for coverage of Testosterone Cypionate IM Injection. The request was denied because:

Your plan approved Testosterone Products criteria covers this drug when you meet one of these conditions: - You are a male with primary or hypogonadotropic hypogonadism Your use of this drug does not meet the requirements. This is based on the information we have.

You can ask for a free copy of the actual benefit provision, guideline, protocol or other similar criterion used to make the decision and any other information related to this decision by calling Customer Care at **1-888-321-3124**.

For more information regarding your prescription benefit, please refer to your Benefit Booklet available on the Plan's website at **www.shpnc.org**.

If your provider would like to discuss this decision with a clinical reviewer at CVS Caremark, your provider can call CVS Caremark, and we will make arrangements for the conversation.

You may request an appeal by sending a written request to the address below. To be eligible for an appeal, your request must be in writing and received within 180 days of the date of this letter. Please mail or fax your appeal to:

BlueCross BlueShield of North Carolina
Appeals Department / Level I
P.O. Box 30055
Durham, NC 27702

91-40230B 061317 TDD/TTY: 1-800-863-5488

Fax: 919-765-2322

If your situation is urgent as defined by law, you may ask for an expedited appeal. Important information about your appeal rights and directions about how to ask for an appeal are provided with this letter.

If you have questions, please call Customer Care at **1-888-321-3124**.

Sincerely,

CVS Caremark

Enclosures

cc: Dr. MARIONELIZABETH WALSH

PA# North Carolina State Health Plan 0274 Non-Grandfathered 18-032492652 JM
Plan-approved Criteria: Testosterone Products
Claim Amount (if available): 0.0
Service Date: 4/9/2018 11:02:26 AM

If your provider included diagnosis or treatment codes with your claim for Testosterone Cypionate IM Injection to CVS Caremark, that information is listed here:
ICD diagnosis code: F64.0
Associated diagnosis: Transsexualism
CPT treatment code:
Associated treatment:
You may wish to contact your provider for more information about these codes.

Important Information About Your Appeal Rights

What if I need help understanding this denial? You may contact CVS Caremark by calling **1-800-294-5979** if you need assistance understanding this notice or our decision to deny you a service or coverage.

What options does my provider have? If there is relevant information that has not been previously submitted, the treating physician may request a Provider Courtesy Review (PCR) by calling 1-800-672-7897 extension 52961 or by sending a written request within 180 days to:

BlueCross BlueShield of North Carolina
Appeals Dept. / Provider Courtesy Review
P. O. Box 30055
Durham, NC 27702

What if I don't agree with this decision? You may request an appeal by sending a written request to the address below. To be eligible for an appeal, your request must be in writing and received within 180 days of the date of this letter.

BlueCross BlueShield of North Carolina
Appeals Department / Level I
P.O. Box 30055
Durham, NC 27702

A member appeal form is available on the Web at **www.BCBSNC.com**.

What if my situation is urgent? If your situation meets the legal definition of urgency, the review of your claim will be conducted within 72 hours, or earlier if required by law. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. If you believe that your situation is urgent, you or your physician may request an expedited appeal by contacting BCBSNC via mail or fax at the address below. In addition, you may have the ability to seek an expedited external review of your adverse benefit determination. To determine whether an external review process is available to you, please consult your benefit booklet or call BCBSNC customer service on the back of your ID Card.

BlueCross BlueShield of North Carolina
Appeals Department / Level 1
P. O. Box 30055
Durham, NC 27702
Fax: 919-765-2322

Who may file an appeal? You or someone whom you name to act for you (your authorized representative) may file an appeal. A member consent form is attached for your convenience and is also available on our Web site at **www.BCBSNC.com**.

Can I provide additional information about my appeal? Yes. As part of the appeal process, you have the right to submit supporting materials in advance of a decision being made on your appeal.

What happens next? If you appeal, BCBSNC will review the decision and provide you a written determination within 30 calendar days. If the adverse benefit determination is overturned, BCBSNC will provide coverage or payment for your health care item or service. If the adverse benefit determination is upheld, you may have additional appeal rights.

How do I file a request for external review? You may be eligible for an external review process. To determine whether an external review process is available to you, please consult your benefit booklet or call BCBSNC customer service on the back of your ID card.

What other remedies do I have? Depending on your plan, you may also have the right to bring action under section 502(a) of ERISA. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency.

Can I request copies of information relevant to my adverse benefit determination? Yes. You may request and receive, at no cost to you, reasonable access to and copies of all documents, records and other information relevant to your claim by writing to:

Blue Cross and Blue Shield of North Carolina
Healthcare Management & Operations
P. O. Box 2291
Durham, NC 27702

This information may also include the following:

- Any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the referenced medical policy from page 1 of this notice with your request); and/or
- If the decision is based on medical necessity, experimental treatment or another similar exclusion, an explanation of the scientific or clinical judgment for the determination, applied to your medical circumstances.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 866.444.EBSA (3272). You may also receive assistance with appeals from Smart NC by contacting:

North Carolina Department of Insurance
Health Insurance Smart NC
1201 Mail Service Center
Raleigh, NC 27699-1201
855-408-1212 (toll free)

External Review
North Carolina law provides for review of *adverse benefit determinations* by an external, independent review organization (IRO). The North Carolina Department of Insurance (NCDOI) administers this service at no charge to you, arranging for an IRO to review your case once the NCDOI establishes that your request is complete and eligible for review. *BCBSNC* will notify you of your right to request an external review each time you receive:

- An *adverse benefit determination*, or
- An appeal decision upholding an *adverse benefit determination* or
- A second-level *appeal* decision upholding an *adverse benefit determination.*

You or someone whom you have authorized to represent you may request an external review.

In order for your request to be eligible for an external review, the NCDOI must determine the following:

- Your request is about a *medical necessity* determination that resulted in an *adverse benefit determination (i.e., a noncertification)*;
- You had coverage with *BCBSNC* when the *adverse benefit determination* was issued;
- The service for which the *adverse benefit determination* was issued appears to be a *covered service*; and
- You have exhausted *BCBSNC's* internal *appeal* review process as described below.

For a standard external review, you will have exhausted the internal *appeal* review process if you have:

- Completed *BCBSNC's* first- and second-level *appeal* review and received a written second-level determination from *BCBSNC*, or
- Filed a second-level *appeal* and have not requested or agreed to a delay in the second-level *appeal* process, but have not received *BCBSNC's* written decision within 60 days from the date that you can demonstrate that an appeal was filed with BCBSNC, or
- received written notification that *BCBSNC* has agreed to waive the requirement to exhaust the internal *appeal* and/or second-level *appeal* process.

External reviews are performed on a standard or expedited basis, depending on which is requested and on whether medical circumstances meet the criteria for expedited review.

Standard External Review
For all requests for a standard external review, you must file your request with the NCDOI within 120 days of receiving one of the notices listed above.

If the request for an external review is related to a retrospective *adverse benefit determination* (an *adverse benefit determination* that occurs after you have already received the services in question), the 60-day time limit for receiving *BCBSNC's* second-level determination does not apply. You will not be eligible to request an external review until you have exhausted the internal appeal process and have received a written second-level determination from *BCBSNC*.

Expedited External Review
An expedited external review may be available if the time required to complete either an expedited internal first- or second-level appeal review or a standard external review would reasonably be expected to seriously jeopardize your life or health or to jeopardize your ability to regain maximum function. If you meet this requirement, you may file a request to the NCDOI for an expedited external review, after you receive:

- An *adverse benefit determination* from *BCBSNC* and have filed a request with *BCBSNC* for an expedited first-level appeal; or
- A first-level appeal decision upholding an *adverse benefit determination* and have filed a request with *BCBSNC* for an expedited second-level *appeal* review; or
- A second-level *appeal* review decision from *BCBSNC*.

In addition, prior to your discharge from an inpatient facility, you may also request an expedited external review after receiving a first-level appeal or second-level appeal decision concerning an adverse benefit determination of the admission, availability of care, continued stay or emergency health care services.

If your request is not accepted for expedited review, the NCDOI may (1) accept the case for standard external review if you have exhausted the internal appeal review process; or (2) require the completion of the internal appeal review process and another request for an external review. An expedited external review is not available for retrospective adverse benefit determinations.

When processing your request for external review, the NCDOI will require you to provide the NCDOI with a written, signed authorization for the release of any of your medical records that need to be reviewed for the purpose of reaching a decision on the external review. For further information about external review or to request an external review, contact the NCDOI at:

(Mail)
By Mail:
NC Department of Insurance
Health Insurance Smart NC
1201 Mail Service Center
Raleigh, NC 27699-1201
Toll-Free Telephone: (855) 408-1212
www.ncdoi.com/smart

(In person)
For the physical address for Health Insurance Smart NC, please visit the web-page:
http://www.ncdoi.com/Smart
Toll Free Telephone: (855) 408-1212

The Healthcare Review Program provides consumer counseling on utilization review and appeal issues. Within ten business days (or, for an expedited review, within three business days) of receipt of your request for an external review, the NCDOI will notify you and your provider of whether your request is complete and whether it has been accepted. If the NCDOI notifies you that your request is incomplete, you must provide all requested, additional information to the NCDOI within 150 days of the written notice from BCBSNC upholding an adverse benefit determination (generally the notice of a second-level appeal review decision), which initiated your request for an external review. If the NCDOI accepts your request, the acceptance notice will include: (i) name and contact information for the IRO assigned to your case; (ii) a copy of the information about your case that BCBSNC has provided to the NCDOI; and (iii) a notification that you may submit additional written information and supporting documentation relevant to the initial adverse benefit determination to the assigned IRO within seven days after the receipt of the notice. It is presumed that you have received written notice two days after the notice was mailed. Within seven days of BCBSNC's receipt of the acceptance notice (or, for an expedited review, within the same business day), BCBSNC shall provide the IRO and you, by the same or similar expeditious means of communication, the documents and any information considered in making the adverse benefit determination, appeal decision or the second-level appeal review decision. If you choose to provide any additional information to the IRO, you must also provide that same information to BCBSNC at the same time and by the same means of communication (e.g., you must fax the information to BCBSNC if you faxed it to the IRO). When sending additional information to BCBSNC, send it to:

(Mail)
Blue Cross/Blue Shield of North Carolina
Appeals Department
PO Box 30055
Durham, NC 27702

Questions? Do you need help in a different language or format? If you do not speak English or have special needs, oral interpretation and alternate formats of this notice are available, as is other assistance, by contacting us at the number on your State Health Plan ID card.

Spanish:
Si usted necesita asistencia o necesita hablar con alguien en Español, por favor llame al número gratuito de Servicio al Cliente ubicado en su tarjeta de identificación de beneficios.

Chinese (simplified):
如果您需要帮助，或需要同中国人讲话，请拨打您的福利卡上面的客户服务免费电话号码。

Tagalog:
Kung kailangan ninyo ng tulong o kailangan ninyong makipag-usap sa isang tao sa Tagalog, mangyari lamang na tumawag nang walang-bayad sa Serbisyo sa Kostumer sa numero na nakasulat sa inyong ID kard ng benepisyo.

Navajo:
Shíka at'ohwol ei doodaii' dinék'ehgo łą bi'chį haadeedziih nínízinígo, t'áá shǫǫdí, t'áá jíík'e ya ndaalníshí, ni naaltsoos bikáa'gi bi'chį hodiilniih.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.
Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
91-40230B 061317 TDD/TTY: 1-800-863-5488

Exhibit B

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Notice of Final Adverse Benefit Determination

Transcend Legal
Attn: Noah E. Lewis
3553 82nd Street #6D
Jackson Heights, NY 11372

Date of Notice: November 8, 2018

Blue Cross Blue Shield of North Carolina Appeals Department P.O. Box 30055 Durham, NC 27702	Telephone Number: 800-446-8053 Fax Number: 919-765-2322 Website: www.BlueCrossNC.com

This document contains important information that you should retain for your records.

This document serves as notice of a final adverse benefit determination. We have declined to provide benefits, in whole or in part, for the requested treatment or service described below.

Case Details:

Patient Name: Connor Thonen Fleck
Member ID: [redacted]
Appeal ID: 469742

Provider: Marion Walsh, MD
Date(s) of Service: Future
Type of Service: Testosterone Cypionate

Reason for Denial: Benefit Exclusion

Claim(s) Detail: *(Not available if this is a pre-service request.)*

Claim #:	Charged Amt.:	Allowed Amt.:	Other Non-Covered Amts.:	Amt. Paid:
Diagnosis Code:	Diagnosis Description:	Treatment (Procedure) Code:	Treatment (Procedure) Description:	Treatment Category (Subcategory):
Denial Code(s):				

Policy Information: *(This information is current based on claims that have fully completed the adjudication process as of the date of this letter.)*

Other Insurance: No	Deductible: Not Applicable (N/A)	Co-pay: N/A
Coinsurance:	YTD Deductible Credit:	YTD Out-of-Pocket Credit:

N/A	N/A	N/A

Background Information:

This is in response to your request, on Connor Thonen Fleck's behalf, for an appeal received October 17, 2018.

Reviewers' Understanding:

You have requested that Blue Cross and Blue Shield of North Carolina (Blue Cross NC) reconsider the denial of testosterone cypionate intramuscular (IM) injection.

Final Adverse Benefit Determination:

The adverse benefit determination has been upheld.

The following evidence and documentation were reviewed:

- Member's North Carolina State Health Plan 80/20 PPO Plan Benefits Booklet;
- Level One Letter of Appeal dated October 6, 2018 written by Noah E. Lewis of Transcend Legal;
- Authorized Representative Request signed by Jason Fleek, member's guardian;
- Hellosign Fleck CVS Authorization to Appeal Document History dated October 5, 2018;
- Document labeled, "Exhibit 2" inclusive of CVS caremark Fax Transmittal dated April 9, 2018 and CVS caremark Notice of Determination dated April 9, 2018;
- Document labeled "Exhibit 3" inclusive of Prior Authorization Criteria for Testosterone Products (Brand and Generic) received on October 17, 2018;
- North Carolina State health Plan for Teachers and State Employees Third Party Authorization From dated October 21, 2018 signed by member's guardian, Jason P. Fleek;
- Blue Cross NC Tracking Systems.

The professional qualifications and licensure of the reviewers are:

- Medical Team Lead, Appeals, Registered Nurse;
- Clinical Appeals Analyst, Registered Nurse with over 15 years of healthcare experience.

Findings:

Contractual Basis:

According to the member's North Carolina State Health Plan 80/20 PPO Plan Benefits Booklet section titled, "What Is Not Covered?" it states, in pertinent part, "…The *Plan* does not cover services, supplies, medications or charges for…Sexual dysfunction unrelated to organic disease… [and/or] Treatment or studies to or in connection with sex changes or modifications and related care…"

Clinical Rationale: Not Applicable (N/A)

A Blue Cross NC Medical Team Lead has reviewed your request, and based on the aforementioned North Carolina State Health Plan 80/20 PPO Plan Benefits Booklet language, it has been determined that the member does not have benefits for the requested treatment.

As a result of this review, Blue Cross NC has confirmed that the denial of benefits for the testosterone cypionate intramuscular (IM) injection was correct. Please consult your benefit booklet, under the section titled, "What Is Not Covered?" to review this exclusion.

If you have any questions regarding this appeal, please contact me directly. If you have other questions about your health plan benefits, please contact Customer Service at 1-888-234-2416.

Sincerely,

Joy Brazier, BSN, RN

Joy Brazier, BSN, RN
Clinical Appeals Analyst
Appeals Department

cc: Parent/Guardian of: Connor Thonen Fleck;
Dr. Marion Walsh

Important Information about Your Rights

What if I need help understanding this denial? Contact the appeals analyst at 1-800-446-8053, extension 52822 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You do have the right to appeal this decision with the Office of Administrative Hearings (OAH) by filing a "Petition for a Contested Case Hearing" within 60 days of the date of this letter. A $20 filing fee is required by OAH. If you cannot afford to pay the filing fee you may request a waiver by filing "A Petition to File a Petition for Contested Case as Indigent" with OAH prior to filing the "Petition for Contested Case Hearing." You may obtain all necessary petition forms by contacting OAH at (919) 431-3000 or visiting the OAH website at www.oah.state.nc.us. The completed form/s should be submitted to:

Office of Administrative Hearings
1711 New Hope Church Rd
Raleigh, North Carolina 27609

A *copy* of the completed form should also be mailed to:

North Carolina State Health Plan
Attention: General Counsel for the NC Department of State Treasurer
3200 Atlantic Avenue,
Longleaf Building
Raleigh, North Carolina 27604

Can I request copies of information relevant to my claim? Yes. You may request and receive, at no cost to you, reasonable access to, and copies of, all documents, records and other information relevant to your claim by writing to:

Blue Cross Blue Shield of North Carolina
Appeals Department
P. O. Box 30055
Durham, NC 27702
Fax: 919-765-2322

- This information may also include the following: any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the medical policy number with your request); and/or
- If our decision is based on medical necessity, experimental treatment or another similar exclusion, an explanation of the scientific or clinical judgment for the determination, applied to your medical circumstances.

Other resources to help you:

The North Carolina Department of Insurance is available to assist you with questions about health insurance. You may contact Health Insurance Smart NC at:

By Mail:
NC Department of Insurance
Health Insurance Smart NC
1201 Mail Service Center
Raleigh, NC 27699-1201
Toll Free Telephone: (855) 408-1212
www.ncdoi.com/smart

In Person:
For the physical address for Health Insurance Smart NC, please visit the web-page:
http://www.ncdoi.com/Smart
Toll Free Telephone: (855) 408-1212

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

• Blue Cross and Blue Shield of North Carolina ("Blue Cross NC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

• Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross NC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

• If you need these services, contact Customer Service **1-888-234-2416**, TTY and TDD, call **1-800-442-7028**.

• If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Blue Cross NC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscoordinator@bcbsnc.com

• You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.

• You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,* or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201**1-800-368-1019, 800-537-7697** (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

• This Notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-234-2416**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-234-2416 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-234-2416 (TTY: 1-800-442-7028).

注意：如果您講廣東話或普通話， 您可以免費獲得語言援助服務。請致電 1-888-234-2416 (TTY：1-800-442-7028）

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-234-2416 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-234-2416 (TTY: 1- 800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-234-2416 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 2416 234 888 1 المبرقة الكاتبة: 7028 442 800.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-234-2416 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-234-2416 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-234-2416 (TTY: 1-800-442-7028).

□□□□□□: □□ □□□ □□□□□□□□ □□□□□□ □□, □□ □□:□□□□□□□ □□□□□ □□□□□ □□□□□□ □□□□□□ □□□□□ □□□□□□□ □□. □□□ □□□ 1-888-234-2416 (TTY: 1-800-442-7028).

□□□□□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ 1-888-234-2416 (TTY: 1-800-442-7028)□

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-234-2416 (TTY: 1-800-442-7028).

□□□□□ □□□: □□□ □□ □□□□□□□ □□□□□□ □□□ □□ □□□□□ □□□ □□□□□□ □□□ □□□□□ □□□□□□□ □□□□□□□ □□□□□□□ □□□□□ 1-888-234-2416 (TTY: 1-800-442-7028) □□ □□□ □□□□□□

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-234-2416 (TTY: 1-800-442-7028).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-234-2416（TTY: 1-800-442-7028）まで、お電話にてご連絡ください。